

Step-By-Step Benefits Enrollment Guide How To Enroll In Benefits

Items Needed before Enrolling

- Dependents/beneficiary information including date of birth, address, and Social Security Number.
- Name and address of your physician(s). Required for Evidence of Insurability (EOI). EOI may be required for the NC Flex Cancer and Life Insurance Plans. EOI is the record of a person's past and current health events and is used to verify if a person meets the definition of good health by the insurance company.

Important: You have 30 days from your Hire Date or your Qualifying Event Date to enroll or make changes to your benefits.

Accessing Employees Self Service

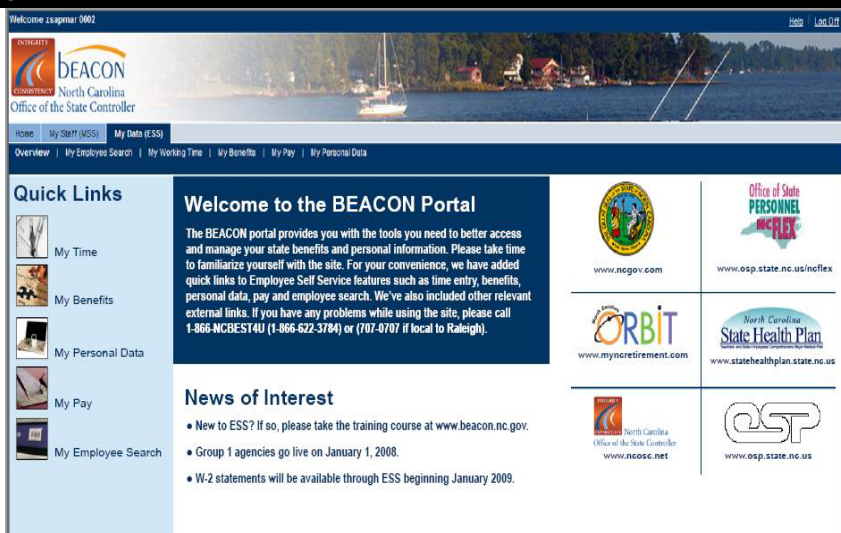
1) Visit the BEACON portal at:

<https://mybeacon.nc.gov>

To login, use your NCID and password.

A page similar to the right is displayed.

Note: For NCID assistance, contact your agency NCID administrator or to reset your NCID password, visit <https://ncid.nc.gov>.

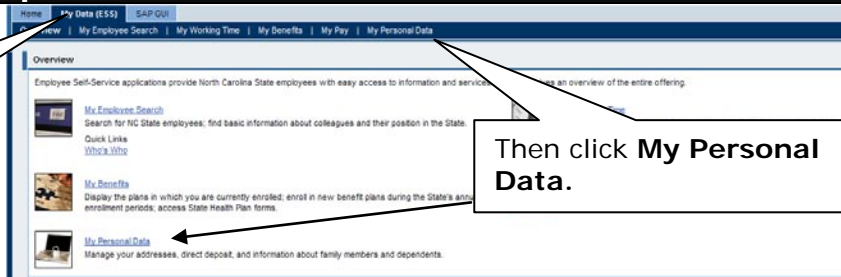


Note: Before selecting your benefits, you must first complete Step 1 – Add Family Members/Dependents/Beneficiary(ies) to Personal Data. If you are not enrolling any dependents, you can proceed to Step 2 – Enroll In Benefits. You can always add your Beneficiary(ies) at any time.

Step 1 – Add Family Members/Dependents/Beneficiaries to Personal Data

1) Select the **My Data (ESS)** tab and then the **My Personal Data** link

Click **My Data (ESS)** tab.



2) Select the **Family Member/Dependents** link.

Click **Family Member/Dependents**

My Personal Data



My Personal Information

[Addresses](#)

Maintain your addresses.

NOTE: If you are making an in/out of state change to your permanent residence, please ensure your Tax Withholding Information is also updated.

[Tax Withholding Information](#)

Maintain the information on your W4, W5, NC4, or ETC.

NOTE: If you are making an in/out of state change, please ensure your Address information is also updated.

[Family Member/Dependents](#)

Maintain information about your family members or dependents.

[Communication Data](#)

Display your email address and your main work contact telephone number.

[Direct Deposit](#)

[Bank Information](#)

Maintain your direct deposit and banking information.

The Office of the State Controller (OSC) will transmit your payment electronically based on the information you have provided. If the payroll transmission fails because you have given incorrect or outdated information, the State can only provide a replacement payment AFTER a refund from the financial institution has been received. It is important that you provide correct account and bank routing numbers if you change banks or account numbers. The OSC has the right to retract and correct payments, as necessary.

3) Select the appropriate button to add your dependents or beneficiaries to your personal data.

Note: To select a beneficiary that is not related to you, use the **Other** button. To designate your estate as beneficiary, click **Testator**.

Click the **appropriate button** to add your family member, dependent, or beneficiaries.

4) Complete the form with at least the required fields.

All required fields are indicated by an asterisk "*". Here the first name, last name and date of birth are required fields.

Note: It is important to also select the correct gender.

5) To review your entry, click the **Review** button at the bottom of the page.

Click **Review**.

◀ Previous Step Review ▶ Exit

6) On the Review page, click **Save**.

Note: By clicking **Exit**, you will cancel all additions/changes made in the previous steps.

◀ Previous Step Save Exit

Click **Save**.

7) A confirmation page will display ensuring you that your changes have been saved.

To add additional dependents or beneficiaries, go to **Family Member/Dependents Overview** link and repeat the process again.

OR

To start your benefits enrollment, click the **Go to Employee Self-Services homepage** link.

The changes you made to your Family Member data were saved

What do you want to do next?

[Go to Family Member/Dependents Overview](#)

[Go to My Personal Data homepage](#)

[Go to Employee Self-Services homepage](#)

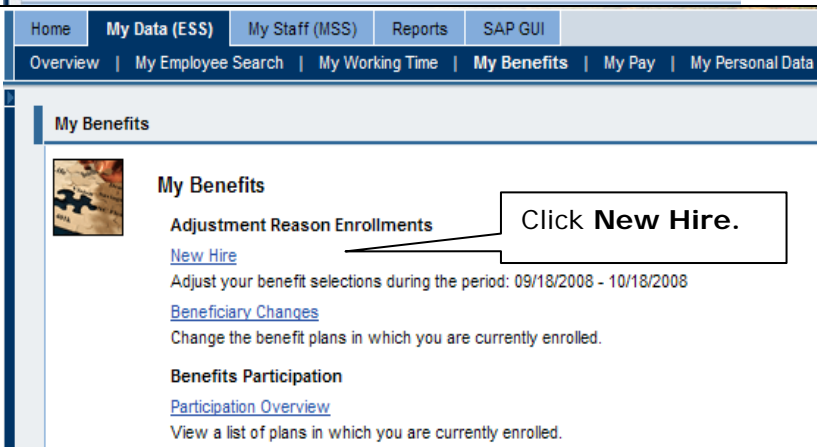
Step 2 – Enroll in Benefits

1) Select **My Data (ESS)** tab and then **My Benefits** link.



2) To see the plans for which you are eligible, click the **New Hire** link.

Note: Employees with other life-changing events, such as marriage, divorce, birth of a child, a spouse's job changes or Annual Enrollment, will see these links available under the **Adjustment Reason Enrollments** heading. These links must be created by your Agency HR Department or, in some cases, BEST Shared Services.



3) A list of your eligible State-wide plans will display.

Note: To view additional information about these State-wide plans, click on [Show GeneralLinksView](#) link. This link will display various websites for your review,

To enroll or change your plans, select the radio button ☐ of a plan and perform one of the following:

If	Then
You want to add the plan as a new plan (not previously enrolled).	Click Add Plan
You are already enrolled in the plan, but would like to make changes (options, add/remove dependents, etc.).	Click Edit Plan
You selected this plan during this session but want to remove it as a choice or stop participation in it all together.	Click Remove Plan

NOTE: Employees are **not** automatically enrolled in a medical plan. If you want to enroll in a medical plan, you must select a plan during the enrollment process.

Click on a button to **Add, Edit** or **Remove** the plan.

Home My Data (ESS) My Staff (MSS) Reports SAP GUI

Overview | My Employee Search | My Working Time | My Benefits |

1 Plan Selection 2 Review Enrollment 3 Completed

[Show GeneralLinksView](#) [Show PlansOfTodayView](#)

This is your selection of benefit plans. From this list, you can add, edit and select investments.

Selection for New Hire

Plan	Enrollment Validity	Starts on	Enroll
Cancer Plan			<input checked="" type="radio"/> Enroll Starts on 10/1/2008
Dental			<input type="radio"/> Enroll Starts on 10/1/2008
Medical			<input type="radio"/> Enroll Starts on 10/1/2008 <input type="radio"/> Enroll Starts on 11/1/2008
Vision			<input type="radio"/> Enroll Starts on 10/1/2008
AD&D			<input type="radio"/> Enroll Starts on 10/1/2008
Life Insurance			<input type="radio"/> Enroll Starts on 10/1/2008
Dependent Care			<input type="radio"/> Enroll Starts on 10/1/2008
Health Care FSA			<input type="radio"/> Enroll Starts on 10/1/2008

*This column contains estimated contributions, based on your salary. Therefore

[Add Plan](#) [Edit Plan](#) [Remove Plan](#)

[Previous Step](#) [Review Enrollment](#) [Exit](#)

4) After clicking either **Add Plan** or **Edit Plan**, a list of the appropriate plan options will display.

Select your appropriate benefit plan such as, *PPO – Smart Choice Plans*, and then select the appropriate plan option such as, *Smart Choice Standard 80/20 EE +Fmly(Spouse Req)*.

NOTE: Dependents are not automatically added to benefit plans. Click **Select Dependents** to add them to your plan.

Click on the plan option to select it.

Home | My Data (ESS) | My Staff (MSS) | Reports | SAP GUI

Overview | My Employee Search | My Working Time | **My Benefits** | My Pay | My Personal Data

Enrollment

1 Plan Selection | **a Plan Adjustment** | b Select Dependents | 1 Plan Selection | 2 Review Enrollment | 3 Completed

[Show GeneralLinksView](#) | [Show PlanTypeOfTodayView](#)

Offer for Medical
Effective today, you are participating in the following plan.

PPO - Smart Choice Plans - choose plan options (starts on 10/1/2008) [SHP PPO - Plan Details](#)

Option	Dependent Coverage	Employee Pre-Tax (Monthly)*	Employer costs (Monthly)*
Smart Choice Basic 70/30	Employee Only	0	346.38
Smart Choice Basic 70/30	Employee+Child(ren)	150.66	346.38
Smart Choice Basic 70/30	Employee+Spouse	388.18	346.38
Smart Choice Basic 70/30	EE+Fmly(Spouse Req)	413.46	346.38
Smart Choice Standard 80/20	Employee Only	0	346.38
Smart Choice Standard 80/20	Employee+Child(ren)	200.36	346.38
Smart Choice Standard 80/20	Employee+Spouse	461.64	346.38
Smart Choice Standard 80/20	EE+Fmly(Spouse Req)	489.44	346.38
Smart Choice Plus 90/10	Employee Only	43.98	346.38
Smart Choice Plus 90/10	Employee+Child(ren)	269.78	346.38
Smart Choice Plus 90/10	Employee+Spouse	564.22	346.38
Smart Choice Plus 90/10	EE+Fmly(Spouse Req)	595.52	346.38

The amounts are in USD.

[Previous Step](#) | [Select Dependents](#)

Click here to add dependents

5) All dependents eligible for the selected benefit plan will be listed. Select the dependent by clicking the check box next to their name. This dependent will be added to the selected plan.

Click **Add Plan to Selection** to add plan to your enrollment.

Home | My Data (ESS) | SAP GUI

Overview | My Employee Search | My Working Time | **My Benefits** | My Pay | My Personal Data

Enrollment

1 Plan Selection | a Plan Adjustment | **b Select Dependents** | 1 Plan Selection | 2 Review Enrollment | 3 Completed

[Show GeneralLinksView](#) | [Show PlanTypeOfTodayView](#)

Select between 1 and 20 dependent(s) for plan NC Flex Cancer Insurance.

Name	Relationship	Select
Bonnie Adcock	Spouse	<input type="checkbox"/>
Bobby Adcock	Child	<input type="checkbox"/>

[Previous Step](#) | [Add Plan to Selection](#)

5a) Enrolling in Life Insurance:

To enroll in a coverage amount greater than \$20,000, you must click in the **Additional Units** box and enter the number of units in multiple of \$10,000. For example, if you want \$100,000 in coverage, enter 8 in the Additional Unit. $\$20,000 + (8 * \$10,000) = \$100,000$. Click on **Recalculate** to determine your Total Coverage and Cost.

Click **Select Beneficiaries** to add them to your plan.

Home | My Data (ESS) | My Staff (MSS) | Reports | SAP GUI

Overview | My Employee Search | My Working Time | **My Benefits** | My Pay | My Personal Data

Enrollment

1 Plan Selection | a Plan Adjustment | **b Select Beneficiaries** | 1 Plan Selection | 2 Review Enrollment | 3 Completed

[Show GeneralLinksView](#) | [Show PlanTypeOfTodayView](#)

Offer for Life Insurance

NC Flex Life Insurance - choose plan options (starts on 10/1/2008) [SHP NC Flex Life Insurance - Plan Details](#)

Option	Basic Coverage	Additional Units	Total Coverage	Employee Cost (Monthly)*
NC Flex Life Insurance	20,000	8	$(0 - 48) \times 10,000.00$	20,000
				3.02

The amounts are in USD.

☒ Pre-Tax Deductions

[Recalculate](#)

[Previous Step](#) | [Select Beneficiaries](#)

Enter Additional Units in multiple of \$10,000

Click Recalculate to determine Total Coverage and Cost

5b) Family members/beneficiary added in Step 1 will be listed. Enter a percentage of what you want each beneficiary/contingent to receive, if any at all.

Click **Add Plan to Selection** to add plan to your enrollment.

Note: A contingent will be the one who will receive benefits if the beneficiary(ies) dies at the time the benefit is paid out.

6) After clicking on **Add Plan to Selection**, the section page is displayed. Repeat sections 3-5b until all plans you want to enroll are selected.

7) The selection page will include the effective date, plan costs, plan options and a Plan Details Overview link.

7a) If an Evidence of Insurability (EOI) is required for the NC Flex Cancer or Life Insurance Plan, a link *"Evidence of insurability required no later than mm/dd/yyyy"* will display. Click on this link and you will be redirected to the vendor's EOI form. Answers the questions and remember to return to this page to complete your enrollment.

8) When you are satisfied with your selections, click **Review Enrollment** to complete your enrollment.

9) Click **Save** to complete your enrollment.

Note: By clicking **Exit**, you will cancel all additions/changes made in the previous steps.

Click on **Save** to complete enrollment or **Exit** if you want to cancel all additions/changes made in the previous steps.

10) A confirmation will display ensuring you that your selections have been saved.

Click **Print New Plan Selections**, to print a copy of your selections for your records.

Note: After saving your selection, if you need to make changes **Go to My Benefits Homepage** and make your corrections and repeat Step 2.

To print a copy of the Confirmation Statement, click **Print New Plan Selections**.

The opportunity to make changes to your plans will be available only during your 30 day enrollment period.

◀ Previous Step Review Enrollment ▶ Exit

Home My Data (ESS) My Staff (MSS) Reports SAP GUI

Overview | My Employee Search | My Working Time | My Benefits | My Pay | My Personal Data

Enrollment

1 Plan Selection 2 Review Enrollment 3 Completed

A summary of your enrollment plans is listed below. If you are satisfied with your selection, submit

Selection for New Hire

Plan	Enrollment Validity	Costs	Actions
Dental			
NC Flex Dental Plan	10/1/2008 - 12/31/9999	64.02 USD Monthly (Pre-Tax)	Added
Medical			
PPO - Smart Choice Plans	10/1/2008 - 12/31/9999	0.00 USD Monthly (Pre-Tax)	Added
Enroll	11/1/2008 - 12/31/9999		Unchanged
Life Insurance			
NC Flex Life Insurance	10/1/2008 - 12/31/9999	16.61 USD Monthly (Pre-Tax)	Added
Health Care FSA			
NC Flex Health Care FSA	10/1/2008 - 12/31/9999	1,200.00 USD in FSA plan year	Added

This column contains estimated contributions, based on your salary. Therefore, the amounts shown here may differ si

◀ Previous Step Save Exit

Home My Data (ESS) My Staff (MSS) Reports SAP GUI

Overview | My Employee Search | My Working Time | My Benefits | My Pay | My Personal Data

Enrollment

1 Plan Selection 2 Review Enrollment 3 Completed

1 Your plan selections have been saved.

What do you want to do next?

[Go to Benefits Participation Overview](#)

[Go to My Benefits homepage](#)

[Go to Employee Self-Services homepage](#)

[Print New Plan Selections](#)

Selection for New Hire

Plan	Enrollment Validity	Costs	Actions
Dental			
NC Flex Dental Plan	10/1/2008 - 12/31/9999	64.02 USD Monthly (Pre-Tax)	Added
Medical			
PPO - Smart Choice Plans	10/1/2008 - 12/31/9999	0.00 USD Monthly (Pre-Tax)	Added
Enroll	11/1/2008 - 12/31/9999		Unchanged
Life Insurance			
NC Flex Life Insurance	10/1/2008 - 12/31/9999	16.61 USD Monthly (Pre-Tax)	Added
Health Care FSA			
NC Flex Health Care FSA	10/1/2008 - 12/31/9999	1,200.00 USD in FSA plan year	Added

This column contains estimated contributions, based on your salary. Therefore, the amounts shown here may differ

Important Benefit Enrollment Tips:	
Medical Plan Selection	<ul style="list-style-type: none"> If you wish to enroll in a medical plan, you must select a plan during the enrollment process. You are not automatically enrolled. The offer will display Medical plans with two enrollment start dates to choose from. You must select the start date you would like the coverage to begin. You can choose either the first of the month after your hire date or qualifying event date; or the first of the second month. <div> Medical <div> <input type="radio"/> Enroll Starts on 10/1/2008 <input checked="" type="radio"/> Enroll Starts on 11/1/2008 </div> </div>
All Plans - Pre-Tax Deduction	<p>During the enrollment process, you will see the 'Pre-Tax Deduction' checkbox. The box will default as checked. If unchecked, the benefit plan will be cost as POST-TAX.</p> <p>Note: You can only select the State Health Plan as a Post Tax deduction. All other plans require Pre-Tax deductions.</p> <div> <input checked="" type="checkbox"/> Pre-Tax Deductions </div>
Life Insurance (ING) Cancer Plan (Allstate)	<ul style="list-style-type: none"> Depending on the coverage elected in these plans, Evidence of Insurability (EOI) may be required. If EOI is required, you will see the following message next to the plan at the Plan selection screen. Evidence of insurability required no later than When clicking on the link above, you will be directed to the vendor's site during the enrollment process. Once at the vendor's site, you will be required to answer their EOI questions. Please have your Physician(s) information available. <p>Note: You will not be an active participant in the plan until the EOI process is complete.</p>
Beneficiary Changes	<p>You can change beneficiary information to your NC Flex AD&D or Life Insurance Plan at any time. Click on the Beneficiary Changes on the My Benefits Page to make these changes.</p> <p>Beneficiary Changes Change the benefit plans in which you are currently enrolled.</p>
Reviewing Benefits	<p>At any time, you can return to your My Benefits page and clicking on the Participation Overview link to review your benefits</p>

A list of your enrolled State-wide plans will display.

To view additional information about all State-wide plans.	Click Show GeneralLinksView
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To learn about Plan Details options, click the link to the right of the plan name. A new browser window will open to the external website of the plan provider.

To view your plan **details**, click the radio button ☐ to the left of the plan and then click the **Show Participation Details** button.

Click **Exit** to return to **My Benefits** Page.

The screenshot shows the BEACON North Carolina Office of the State Controller website. The navigation bar includes links for Home, My Data (ESS), My Staff (MSS), Reports, SAP GUI, Overview, My Employee Search, My Working Time, and My Benefits. The main content area is titled "Participation Overview" and includes a link to "Show Benefits General Links". Below this, there is a date selector set to 9/18/2008 with a "Go" button. The "Participation overview as of 9/18/2008" section lists several plans: Dental (NC Flex Dental Plan), Medical (PPO - Smart Choice Plans), Life Insurance (NC Flex Life Insurance), 401(k) Savings (401(K) Savings Plan), Retirement Plan (TSERS - Retirement Plan), and Health Care FSA (NC Flex Health Care FSA). Each plan has a radio button and a link to its details. A "Show Participation Details" button is at the bottom, along with an "Exit" button.

Life Changing Events

When you experience a **life-changing event**, such as marriage, divorce, birth of a child, or a spouse's job changes, you must change your benefits within **30 days** of the life event.

First, notify your Agency HR representative of your life event with proof of the event. They will need to create the adjustment reason before you can enroll on ESS. The link will become available on your **My Benefits** page under the **Adjustment Reason Enrollments** heading.

The page at the right displays a **Marriage** adjustment reason.

The screenshot shows the "My Benefits" page. Under the "Adjustment Reason Enrollments" heading, there is a link for "Marriage" with a subtext: "Adjust your benefit selections during the period: 09/18/2008 - 10/18/2008". Below this is a link for "Beneficiary Changes" with the subtext: "Change the benefit plans in which you are currently enrolled." Under the "Benefits Participation" heading, there is a link for "Participation Overview" with the subtext: "View a list of plans in which you are currently enrolled."

State Health Plan Forms

A variety of forms may be required to complete your medical plan enrollment. Forms are available on the **My Benefits** page under the **My State Health Plan** heading or from your Agency Human Resource Department.

If you need to complete a form, you would:

- Print the form

- Manually complete it
- Submit form to **BEST Shared Services** for processing or your Benefits Administrator for processing.
BEST Shared Services
1425 Mail Service Center
Raleigh, NC 27699-1425
Fax: 919-855-6861

The forms include:

- **Prior Health Coverage Form**
Complete this form if you had prior health coverage. Not needed for new hire enrollments.
- **Coverage Request for Incapacitated Dependent Form**
Complete this form if you have a physically or mentally incapacitated dependent
- **Certification of Dependent Eligibility Form**
Complete this form if you are enrolling a Foster Child.
- **Medicare Certification Form**
Complete this form if you or your spouse is Medicare Eligible.

NOTE: Your enrollment could be delayed if the appropriate forms are not submitted in a timely manner.

My State Health Plan

State Health Plan Forms - Submit to BEST Shared Services

[Prior Health Coverage Form](#)

Used if you have coverage under a previous plan.

[Coverage Request for Incapacitated Dependent Form](#)

Used if you have a child over age 19 who is eligible as a mentally or

[Certification of Dependent Eligibility Form](#)

Used if you have a Foster Child with a different last name.

[Medicare Certification Form](#)

Used if you, or a dependent, are eligible for Medicare.

NC Flex Dental Forms

- **Dental Dependent Certification**
A Dependent Certification form is required when enrolling a dependent over 19 years old or Disabled Dependent.

My NC Flex Plans

Dental Plan Form - Submit to BEST Shared Services

[Dependent Certification Form](#)

Used if you are enrolling a child over age 19 years old.